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# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☒ Declaration OR  
Submitted  
with Initial Filing

☐ Declaration  
Submitted after  
Initial Filing

Attorney Docket Number	PLI-806
First Named Inventor	Richard Schweder
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

POWER SUPPLY ASSEMBLY

(Title of the invention)

the specification of which

☒ is attached hereto  
OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365 (a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

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DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner of Patents and Trademarks, Washington, DC 20231.

406020 6/25/2000

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## DECLARATION

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I hereby claim the benefit under Title 35, United States Code § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on a supplemental sheet attached hereto.

Direct all correspondence to:

Name	Albert C. Cota		
Address	5460 White Oak Ave., A-331		
Address	5460 White Oak Ave., A-331		
City	Encino	State	CA
Country	U.S.A.	ZIP	91316
Telephone	(818) 363-4332	Fax	(818) 368-4332

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name	Richard	Middle Initial		Family Name	Schweeder	Suffix e.g. Jr.	
Inventor's Signature	<i>Richard Schweeder</i>				Date	1/20/01	

Residence: City	Powell	State	OH	Country	U.S.A.	Citizenship	USA
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Post Office Address	260 Shalebrook Drive
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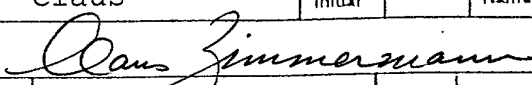
Post Office Address	260 Shalebrook Drive
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City	Powell	State	Ohio	Zip	43065	Country	U.S.A.
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☐ Additional inventors are being named on supplemental sheet(s) attached hereto

105033, 5460 White Oak Ave., A-331

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DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet										
Name of Additional Joint Inventor, if any:								<input type="checkbox"/> A petition has been filed for this unsigned inventor												
Given Name		Claus			Middle Initial				Family Name		Zimmermann		Suffix e.g. Jr.							
Inventor's Signature										Date		2/5/2001								
Residence: City		Newbury Park			State		CA		Country		USA		Citizenship		USA					
Post Office Address		1000 Business Center Circle, Suite 107 Thousand Oaks Business Center																		
Post Office Address		1000 Business Center Circle, Suite 107 Thousand Oaks Business Center																		
City		Newbury Park			State		CA		Zip		91320		Country		USA		Applicant Authority			
Name of Additional Joint Inventor, if any:								<input type="checkbox"/> A petition has been filed for this unsigned inventor												
Given Name					Middle Initial				Family Name				Suffix e.g. Jr.							
Inventor's Signature										Date										
Residence: City					State				Country				Citizenship							
Post Office Address																				
Post Office Address																				
City					State				Zip				Country				Applicant Authority			
Name of Additional Joint Inventor, if any:								<input type="checkbox"/> A petition has been filed for this unsigned inventor												
Given Name					Middle Initial				Family Name				Suffix e.g. Jr.							
Inventor's Signature										Date										
Residence: City					State				Country				Citizenship							
Post Office Address																				
Post Office Address																				
City					State				Zip				Country				Applicant Authority			
Name of Additional Joint Inventor, if any:								<input type="checkbox"/> A petition has been filed for this unsigned inventor												
Given Name					Middle Initial				Family Name				Suffix e.g. Jr.							
Inventor's Signature										Date										
Residence: City					State				Country				Citizenship							
Post Office Address																				
Post Office Address																				
City					State				Zip				Country				Applicant Authority			
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto																				

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